

## ACTICAL RESPONSE REPORT/Chicago Police Department

INFORMATION INVOLVED	1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE	3. LOCATION CODE	4. BEAT/OCCUR	5. VIDEO RECORDED INCIDENT				
	16-JUL-2017	03:11:00	2817 N MULLIGAN AVE CHICAGO, IL 60634	092	2511	<input checked="" type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO				
	6 POSITION	7 LAST NAME	8 FIRST NAME	9. STAR NO	10. SEX	11. RACE CODE	12. AGE	13. HT	14. WT.	
	9161	RODRIGUEZ	MICHAEL A	5978	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	S	1975	504	160	
	15. DATE OF APPT	16. EMPLOYEE ID.	17. UNIT & BEAT OF ASSIGNMENT	18. DUTY STATUS	19. MEMBER INJURED?	20. MEMBER IN UNIFORM?				
	09-JUL-2007		025 2523R	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off <input type="checkbox"/> 03 Off	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 02 No <input type="checkbox"/> 03 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	21. LAST NAME	22. FIRST NAME	23. M.I.	24. SEX	25. RACE	26. D.O.B.	27. HT.	28. WT.		
	FLORES	SAUL								
	29. ADDRESS	2829 N MULLIGAN AVE CHICAGO, IL 60634	30. TELEPHONE NO.	31. WAS SUBJECT ARMED?	FIREARM - SEMI-AUTOMATIC, VERBAL THREAT (ASSAULT), OTHER (SPECIFY)	32. SUBJECT INJURED BY MEMBER?	33. SUBJECT ALLEGED INJURY BY MEMBER?			
				<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
34. IF SUBJECT INJURED, DESCRIBE INJURY	01 Fatal 03 Non-Fatal - Minor Injury	02 Non-Fatal - Major Injury 04 Non-Apparent/None	35. WHERE WAS MEDICAL TREATMENT OBTAINED?	LOYOLA UNIVERSITY						
36. BY WHOM?	DR.	37. CONDITION	<input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid							
38. CHARGES PLACED				39. CB NO	IR NO.	<input type="checkbox"/> DNA				
720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/24-3.1-A-2, 720 ILCS 5.0/12-2-B-4										
19509090										
INFORMATION INVOLVED (Check all that apply)	40. SUBJECT'S ACTIONS		41. MEMBER'S RESPONSE		42. ASSAULT:ASSAULT		43. ASSAULT:BATTERY		44. ASSAULT:DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	FLED		IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/>	ATTACK WITH WEAPON		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	
	STIFFENED (DEAD WEIGHT)	<input type="checkbox"/>	PULLED AWAY		OTHER		ATTACK WITHOUT WEAPON		WEAPON	
	OTHER		OTHER		PERCEIVED AS		OTHER		OTHER	
	MEMBER PRESENCE	<input checked="" type="checkbox"/>	OPEN HAND STRIKE		ELBOW STRIKE	KNEE STRIKE		FIREARM	<input checked="" type="checkbox"/>	
	VERBAL COMMANDS	<input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING	<input checked="" type="checkbox"/>						
	ESCORT HOLDS	<input type="checkbox"/>	OC CHEMICAL WEAPON	<input type="checkbox"/>						
	WRISTLOCK	<input type="checkbox"/>	CANINE	<input type="checkbox"/>						
	ARMBAR	<input type="checkbox"/>	TASER (Probe Discharge)	<input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	KICKS				
	PRESSURE SENSITIVE AREAS	<input type="checkbox"/>	TASER (Contact Stun)	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03	IMPACT WEAPON (Describe in Box 40)	IMPACT MUNITION (Describe in Box 40)		OTHER	<b>LOG # 1D85949</b>	
CONTROL INSTRUMENT	<input type="checkbox"/>	TASER (ARC Cycle)	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03	OTHER						
OC/CHEMICAL WEAPON W/AUTHORIZATION	<input type="checkbox"/>	TASER (Spark Displayed)	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03							
LRAD WITH AUTHORIZATION	<input type="checkbox"/>	OTHER								
OTHER										
41. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	42. RANK		STAR NO.	UNIT NO.	43. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL?					
					<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT?	44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY		45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY?							
<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		<input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subjct <input type="checkbox"/> 03 Yes - Member							
46. WEAPON TYPE	47. INCIDENT OCCURRED		48. LIGHTING CONDITIONS		49. WEATHER CONDITIONS					
01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL 02 RIELE <input type="checkbox"/> 05 CHEMICAL WEAPON 03 SHOTCUN <input type="checkbox"/> 06 TASER (Probe Discharge) 07 OTHER	<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		CLEAR					
50. MAKE/MANUFACTURER GLOCK, INC.-AU-	51. MODEL 23 GEN 4		52. BARREL LENGTH 4.02		53. CALIBER/GAUGE 40 S&W					
54. TASER DART ID NO.	55. WEAPON SERIAL NO. (Include Letters)		56. CHICAGO GUN REG NO.		57. IL FIREARM OWNER ID. NO.		58. HANDGUN CERTIFICATE NO.			
	SHV507		R02442YS		27080318					
59. SPECIAL WEAPON CERTIFICATE NO	60. PROPERTY INVENTORY NO.		61. TYPE OF AMMUNITION USED Department Issued		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		63. TOTAL NO. OF SHOTS MEMBER FIRED			
					1		6			
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. NO OF CARTRIDGES/SHOT SHELLS RELOADED 0		67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)					
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA		70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE	72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION		74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					
1719702641 JA349890										
76. EVENT NO.										
77. R.D. NO.										

1719702641

JA349890

77. NOTIFICATIONS (ALL INCIDENTS)  IMMEDIATE SUPERVISOR  DSS OF DISTRICT OF OCCURRENCENOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT):  OEMC  CPICNOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT):  OEMC

Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

78. ADDITIONAL INFORMATION

**SUBJECT PICKED UP WEAPON AND RAISED IT IN R/O'S DIRECTION.**

79. REPORTING MEMBER (Print Name)

**RODRIGUEZ, MICHAEL A**

16-JUL-2017 11:58:30

STAR/EMPLOYEE NO

**5978**

SIGNATURE

Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.

80. REVIEWING SUPERVISOR (Print Name)

**COLLAZO, ELIZABETH**

STAR NO.

**471**

SIGNATURE

DATE REVIEWED

TIME

**16-JUL-2017 12:03:20**

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### 81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject hospitalized at Loyola Hospital and intubated.

### 82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

IPRA will conduct an independent and parallel investigation into this incident based on the available information at this time.

### 83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05

### 84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED

LOG NO. 1085949 OBTAINED

### 85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

**HOLT, ELGIN D**

86. TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

### 87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TD BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

[Redacted]

DATE COMPLETED TIME

**16-JUL-2017 12:26:49**